

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 20 1933

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

31728

File No. _____
Registered No. **8455**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **08**
City **St Louis Mo.** No. **2315 Bass Ave.**

2. FULL NAME

(a) Residence, No. **2315 Bass Ave** St. **20** Ward _____
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Single**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 27th 1933**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **none**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Mo.**

13. NAME **Bernard Podorski**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Mo.**

15. MAIDEN NAME **Pillie Yerkey**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Mo.**

17. INFORMANT (ADDRESS) **Barrie Abul 2524 St. Louis St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Sept. 29th 1933**

19. UNDERTAKER (ADDRESS) **Aug. Brockland 2446 W 1421 N 9 St**

20. FILED **SEP 29 1933** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 28, 1933**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at **2⁰⁰ p.m.**
The principal cause of death and related causes of importance were as follows:

92A
Valvular disease of the heart.
Other contributory causes of importance: _____
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? **No.**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) **Frank P. Furlong** M.D.
(Address) **Lawson**

